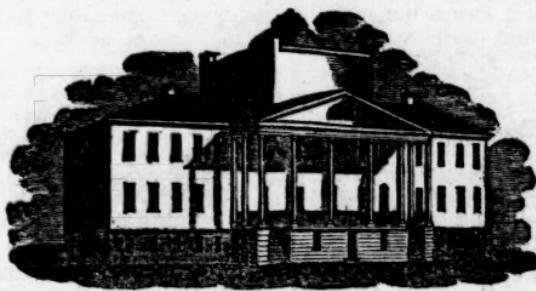


THE  
**BOSTON MEDICAL AND SURGICAL  
JOURNAL.**

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MASSACHUSETTS GENERAL HOSPITAL.

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VOL. I.

TUESDAY, AUGUST 26, 1828.

No. 28.

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I.

From the London Lancet.

*On Flooding.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

WHERE, Gentlemen, the discharge of blood occurring before or during parturition is in small quantity only, it may be regarded with little apprehension, being perhaps rather favorable to the patient than otherwise, because it tends to relax the softer parts. It too often happens, however, that instead of these smaller eruptions we have the blood breaking from the uterus in large abundance, to the amount of two or three pints, for example; when, dangerous in a high degree, it requires in the different cases a treatment various in its modification, but essentially the same in all; and hence it is that we have thrown together in one class all those cases in which the blood is largely bursting from the uterus, considering them under the gene-

ral appellation of *floodings*, a title at once interesting and familiar to every obstetric practitioner.

In the earlier months of pregnancy, when the blood is coming away largely from the uterus, the discharge may be produced by the detachment of any part of the ovum from the uterine surface; for in these earlier months, say in the second and third, the vessels of the uterus shooting in large number into every part of the ovum, no part of the ovum can become separated from the uterus without rupture of vessel and consequent haemorrhage. Again, in the latter end of gestation, say the seventh, eighth, or ninth months, the vessels still push into the ovum on all sides, but those which are pushing into the membranous part of the *involutura*, are few and small, and if torn, discharge but sparingly; while the vessels which pass reciprocally from the placenta to the uterus, are very numerous and very capacious; hence it happens that

flooding to a great extent must take place when these vessels become torn open in consequence of a disjunction of the placenta and uterus from each other.

In flooding cases, the quantity of blood which passes away varies exceedingly, amounting in some instances to a few ounces only, in others to a few pints, or quarts, perhaps I might add gallons. And this variation in the measure of the discharge, arises principally from the following causes, operating separately or in combination: I mean the age of the pregnancy, the extent of the separation, and the duration of the process. On the age of the pregnancy much depends, and you may lay it down as an axiom, generally though not universally true, that the floodings of the latter months are more copious than those of earlier gestation. For when the blood flows away in the earlier months, it flows from a uterus of small size and from small vessels; in which, therefore, there is much less blood than we find in the same organ at a more advanced period of gestation; while those floodings which break forth in the latter months make their attack when the uterus is thoroughly enlarged, with all its vessels numerous and capacious, and plentifully filled with blood. Hence it holds, as a sort of general prognostic, that while all the floodings in the later period are attended with much danger, those which occur in the earlier months, provided the woman enjoy an ordinary share of health, are seldom destructive to life, though the general health may sometimes suffer severely. Again. When the ovum separates from the uterus, the quantity of the hæmorrhage may be deter-

mined, in part, by the extent of the detachment. Thus, even in the earlier months, if the ovum separate extensively, a copious bleeding may occur, while a sparing bleeding may take place, even in the end of gestation, provided the detachment of the placenta from the uterus be of small extent, not exceeding two or three square inches, for example. Nor is it to be forgotten that there is much variety in the duration of these floodings, the discharge in some cases occurring for weeks together, while in other cases the whole attack is comprised within the compass of a few, two or three days, for example, or even of two or three hours. And hence a third cause, giving rise to variety in the quantity of blood discharged; for where the process is short, the discharge of blood of course is of short continuance, and may too be very sparing; but when the floodings are protracted for days or weeks together, half a pint escaping on one occasion, a pint on another, a quart perhaps on a third, it is obvious that the total quantity of blood lost may soon exceed even a gallon.

So here then are three leading causes, to the joint or separate action of which the quantity of bleeding may be attributed;—the age of the pregnancy, the extent of the detachment, and the duration of the process.

We frequently observe with satisfaction in flooding cases, that after a certain quantity of blood has been discharged, where the patient is judiciously managed, or where she is left to her own resources, that unless she act very imprudently, the hæmorrhage ceases, either permanently, or at least for a time. Now, noticing

this, the inquisitive mind may be led to inquire, (and not without reason), what is the cause of this permanent or temporary stoppage of the bleeding? because the knowledge of such a cause may perhaps enable us to coöperate with nature more effectually when using remedial means. On this point, therefore, I next proceed to remark. When blood flows from the uterus, the discharge seems to be arrested in part here, much in the same manner as it is suppressed in other structures of the body, where dissolution of continuity has taken place; by faintness, I mean, and the formation of clot. The current of the blood slackens; the quantity which in a given time is transmitted through the uterus, diminishes; the concretions which form over or within the mouth of the bleeding vessels, the flow of the blood being languid, are less liable to be pushed away; add to which, that the experiments of a very excellent experimental physiologist, Mr. Thackrah, of Leeds, having confirmed the opinion, that when the body is faint, the blood becomes more prone to concretion; this approach to deliquium it is evident does not merely diminish the risk of a detachment of the coagula, but effectually facilitates their formation. Among the causes, therefore, which first suppress the bleedings from the uterus, you may enumerate the fainty condition produced by the hæmorrhage. A woman losing two or three pints of blood, and being, perhaps, of hysterical dia-thesis, she becomes very faint, and under this tendency to deliquium concretions form, under which, together with that closure of the vessels which is effected by

the formation of that layer or coat of blood which lies over their orifices externally, little coagula are produced, which penetrate into their cavities, perhaps, to the depth of a line, and effectually close them on the principle of the plug. And hence in bleedings, whether from the uterus or from other parts of our structure, unless the patient be in danger of sinking into that state of asphyxia, or deep faintness, from which recovery is not to be expected, we ought by no means to be in haste to rouse them; that faintness which shakes to pieces the nerves of their friends, is in truth not their danger, but their security; and allow me to strengthen this remark by observing, that if bleeding be stopped, as it generally is in these cases, provided the patient possess the ordinary share of bodily vigor, however alarming the faintness may appear to the inexperienced, in general she recovers gradually and safely if left undisturbed. But to resume.

If in other parts of the body a wound be inflicted, in four-and-twenty, or in eight-and-forty hours afterwards; sometimes in a shorter period, provided the vessels laid open be not of a very large size, and the hæmorrhage does not proceed so as continually to interrupt the process, inflammation supervenes in the coats of the vessels, and this inflammation gives rise to a deposit of adhesive matter in the orifices of the vessels, which, becoming consolidated by organization with the tunics of the vessels which enclose it, renders the security of the obstruction complete. For a thorough development of this principle, we are indebted to the late Dr. Jones, a physiologist of great promise, hur-

ried from us by an untimely death, at the very moment when he was beginning to rise gradually into well-merited distinction.

Now, it is a question whether in the uterus, similar in its vascular organization to the other parts of the body, the same defensive inflammations may not also occur; and whether, after the hæmorrhagy has been temporarily restrained by clots and faintness, a more secure closure of the vessels may not be accomplished in the course of a few hours by the deposition of small plugs of adhesive matter, and an organized union of them to the sides of the bleeding vessels in the manner just described. That such adhesive inflammation takes place in the bleeding vessels of the uterus, has never been clearly demonstrated, though it appears not improbable: it seems the less certain, however; first, because it has never been demonstrated to the eye, and, secondly, because we find that a woman once bleeding from the uterus, there is always, if she stir about, a great disposition to a renewal of the discharge. Now, if by adhesive inflammation, all the vessels were shut up, as in other parts of the wounded body, it seems, on the whole, scarcely probable that the hæmorrhage should be so easily renewed. Among the means, therefore, of arresting bleedings, the closure of the vessels by phlogistic adhesions may be properly enumerated; but it must be admitted, in the present state of our knowledge, that its operation on the womb is uncertain.

Thus far the suppression of hæmorrhage from the uterus, bears a near reliance to the stoppage of bleedings from other parts of the

body; but you ought to be aware, that eruptions of blood from the uterus may be restrained, more or less effectually, by the operation of a third cause, peculiar to gestation, and that cause is, the discharge of the liquor amnii. Even when that fleshy mass, the placenta, is lying over the mouth and neck of the uterus, the discharge of the liquor amnii, when practicable, might perhaps tend to diminish the hæmorrhage. But, however facts may hereafter dispose of this question, there seems to be little doubt, that if no portion of the placenta be lying upon the mouth of the uterus, the membranes alone covering it in the ordinary manner, the discharge of the waters will, in most cases, arrest the flooding, or so far diminish it, that it becomes no longer dangerous.

Peculiar to the uterus, there is yet another means by which the bleedings may be arrested, and that is, the complete evacuation of the uterine cavity, effected by the spontaneous expulsion, or the artificial removal of the ovum, fetus and secundines. The thorough contraction of the muscular fibres of the uterus, and, of consequence, the effectual constriction of the bloodvessels, greatly diminish the risk of hæmorrhage, and in the earlier or later periods of gestation, when floodings occur, if the ovum be expelled, and the uterus contracts itself, so as to become permanently round and firm, and hard like the head of a fetus, in general further hæmorrhage ceases, and thenceforth the patient is secure.

How it is that discharge of the liquor amnii has the effect of diminishing and stopping the bleeding so effectually, I am not able

satisfactorily to explain ; though, I suppose, something may be attributed to the partial constriction of the vessels by the surrounding fibre, and something again to the pressure which the contracting uterus makes upon the placenta. After the liquor amnii is discharged, the uterus always contracts itself, and, indeed, expels the ovum within an uncertain period of one, two, or three days ; so that the escape of the water is not only immediately effectual in checking the haemorrhage, but ultimately brings the patient a more certain security,—that, I mean, which is derived from the complete evacuation of the womb. When the ovum is away, we can more clearly understand how the stoppage of the haemorrhage is effected. The uterus then decidedly contracts, the muscular fibres contract too, and, of course, necessarily cause a constriction of the uterine vessels, which are ramifying among the fibres. By the thorough contraction of the uterus, therefore, you insure, at the same time, a thorough contraction of the vessels, which, by the constriction of the muscular fibres round them, are closed as effectually as if they were secured by a set of ligatures, and compressed much in the same manner as the fingers of one hand are pressed upon the fingers of the other.

Here then are the four principal causes which, operating separately or in connexion, seem to stop the discharge of the uterine blood :—the formation of clots under faintness ; the closure of the vessels by inflammation ; the discharge of the liquor amnii ; and the evacuation of the uterus. To this important topic I have given

the more attention, because you never can scientifically assist nature in the stoppage of these floodings, unless you understand the mode in which she operates.

I shall now send you round some illustrative preparations. Here is one of the uterus, large as in the ninth month, injected and dried; two arteries, (the spermatic) supply the upper and middle regions ; and two, the inferior uterine, the parts which lie below. All these vessels, you will observe, are of considerable capacity, large nearly as the goose quill ; it is no way surprising, therefore, that bleedings so copious occur in the latter months. Another preparation I circulate, is a strong contrast to the former, consisting of a portion of the womb in the earlier months ; you here see the vessels small as threads ; from vessels like these, but little haemorrhage may be expected. It is clear, therefore, why the bleedings of the earlier months are so sparing.—The preparation here shown, is formed from the human ovum, consisting of the cyst containing the foetus and the liquor amnii, in connexion with the placenta : the water is within. When the membrane is ruptured, and the liquor amnii is discharged, the ovum becomes much diminished in its bulk, and the womb, therefore, in the earlier months especially, is enabled to contract itself considerably.—Here is a preparation of that part of the uterus to which the placenta coheres, the structure being uncontracted ; here you may observe the bloodvessels, by unclosed orifices opening on the surface internally, very numerous and large, and with their patulous orifices yawning destruction on the pa-

tient; of some, the orifices are sufficiently large to admit a small goose-quill. Such are the vessels laid open when in the end of pregnancy, the womb being uncontracted, the placenta becomes detached; look at these orifices, and you will no longer be surprised that, in the close of gestation, the blood is bursting from the womb, in such copious and dangerous abundance. Here, again, is a preparation, the counterpart of the former, consisting of a section of the uterus in the contracted state, the contraction being thoroughly effected; looking on the surface exposed by section, you will observe all the vessels of large capacity constricted, and closed up by the compression of the surrounding fibre; and such are the results of that complete contraction of the womb, which, as before observed, is obtained by the removal of the ovum. Think of these things.

(To be continued.)

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## II.

From the Med. Gazette.

*Abstract of Lectures on Medical Statistics, delivered at the College of Physicians,*

By Dr. BISSET HAWKINS.

Continued from p. 426.

THE most prominent fact afforded by medical statistics, next to the diminished mortality of infancy, is the beneficial change which has supervened within the last 100 years in the fate of lying-in women.

In 1750, at the British Lying-in Hospital of London, 1 woman died out of 42 admitted. In 1780, only 1 died out of 60. And, finally, the improvement became so great

in the ten years between 1789 and 1798, that only 1 case was fatal out of 288.

Tenon assures us, that the mortality of lying-in women at the Hotel Dieu (where they were formerly received) was so high as 1 in 15, at the very time when in the British Lying-in Hospital it was only 1 in 60; and the still-born were 1 in 13 at the former, when only 1 in 25 at the latter.

The mortality of the Lying-in Hospital at Paris was, in 1822, 1 in 30; but at the City of London Lying-in Hospital, the deaths, in 1826, were only 1 in 70; and at the Dublin Lying-in Hospital, the average deaths of 57 years have been only 1 in 93.

The deaths at the Lying-in Hospital of Stockholm were, in 1822, nearly the same as at Paris—1 in 29.

At Berlin an improvement has taken place in this respect. From 1796 to 1806, 1 woman died out of 32 admitted into the Charité; but in the ensuing ten years, only 1 in 45.

The varieties in the proportion of the stillborn in different places are very difficult of explanation. In Prussia, 1 child in 32 is still-born; in Hanover, about 1 in 30; in Sweden and Finland, about 1 in 40. On the contrary, at Strasburg, on an average of 20 years, the proportion has been 1 in 11, and is at present 1 in 12 $\frac{1}{2}$ .

The stillborn are generally more frequent in towns than in the country, and more common among the poorer classes than the affluent. At Stutgard it has been remarked, that the stillborn increase nearly in the same degree in which the illegitimate births are augmented.

We have some curious details

on the mortality of prisons, from France; but few from other countries. The highest mortality anywhere known among adults seems to arise at the Depot of Mendicity of St. Denis, where 1 individual dies annually out of 3 admitted. In all the other prisons of Paris, the annual deaths are about 1 in 23. On the contrary, those of the galley-slaves, who live much in the open air, are only 1 in 49.

So great was the care taken of prisoners of war in England, that in 1813, only 1 died out of 55, although laboring under most of the privations which embitter and enfeeble existence.

The superior health enjoyed by the British army and navy, when at a distance from home, has often been a subject of surprize and exultation. Let us go back above half a century, and hear the opinion of a distinguished foreign historian. Alluding to the events of the seven years' war, Muller observes, that the resources of military talents were never more successfully applied than by the Britons during that contest: so much care was taken to provide for all the wants of the soldiery, that the ordinary mortality among the wounded was not more than 1 in 20; and out of 14,000 men who were employed in the year 1760 in cruizing in the Bay of Biscay, scarcely 20 were attacked by disease.

If we follow the steps of the late war, we shall discover many results equally remarkable. Assuredly no ancient nor modern General has ever been so deeply indebted to his medical companions, as the Chief of our Peninsular troops.

Even on the barren rock of Gibraltar, the mortality of our

garrison was only 1 annually in 48, according to a recent report, and exclusive of the years in which epidemic fever prevailed.

Very different was the fate of the disabled soldier in remoter times. It appears that each Roman legion, containing from 3 to 4000 men, had only one medical officer attached to it.

To mark the improvement of health in our navy, we may compare the fate of Commodore Anson's crew with a ship placed in similar circumstances about fifty years subsequently. Anson passed 143 days at sea, without touching at any place of refreshment. On his arrival at Juan Fernandez, half of his companions alone survived; and of the remaining 200, only 8 were efficient. But in 1794, the Suffolk, a 74 gun ship, during 162 days had no communication with land, and arrived in India without the loss of even one man, and with no case of severe disease at the time of disembarkation. The success which attended the efforts of Cook, and, subsequently, of Captain Parry, in checking the inroads of disease upon their crews, is universally known. The total mortality of our navy, in all parts of the world, including those who were lying in hospitals, was, in 1813, only 1 in 42.

A portion of the good health enjoyed by our army and navy must be ascribed to moral causes, such as national spirit, and general success. The operation of moral causes on the health of soldiers was strongly evinced in the French army during their disastrous campaigns of 1813 and 1814: the number of its diseases preserved a terrible proportion to its losses, and increased with every failure.

Suicide is so frequent a topic of allusion in medical writings, and so often depends on a deranged state of body or mind, that it seems to merit a place in medical statistics. We have here a very pleasing conclusion to draw in respect to our own country, as, in spite of ancient prejudices entertained against our supposed propensity, it really appears that the English are *less* disposed to suicide than any other people who have attained a similar grade of civilization. If we should even quadruple the usual return in the bills of mortality, the suicides of London would still fall greatly short of those of other capitals.

The population of Westminster is about 182,000. The annual average of suicide during the thirteen years ending in 1825, has been only 22. During the last eight years a reduction of nearly six suicides has taken place on the average of each year. In 1817 and 1821, the amount was only 17. Far from November being the most influential month, its average was only 2, while that of June was nearly 3. The proportion of male suicides to female was so much as 5 to 2. Nearly the same proportion of the sexes occurs also at Paris, where the suicides appear to be often five times more numerous than in London, in proportion to the population. In the first six months of 1819, the suicides at Paris were about 200. The persons taken out of the river alone, amounted, in 1820, to 260; in 1821, to 309. In Prussia, the increase of suicide, and its present height, are very remarkable. In 1818, the total number was 650; but in 1822, so large as 859. At Berlin, from 1788 to 1797, one sui-

cide appeared amongst 900 deaths; but from 1813 to 1822, there was one in 100 deaths. At Copenhagen the proportion has lately been 100 annually amongst 100,000 inhabitants. Even at Rouen, the number in a recent year is as large as that of London. In 1793, a stormy period for France, 1300 are said to have occurred at Versailles.—Amongst nearly 152,000 persons insured at the Equitable Office, only 15 instances happened during twenty years.

We are compelled to attach a much lower importance to the influence of climate, both in health and disease, than was formerly assumed. In Europe, at least, the maladies of the individual seem to depend much more upon his habits, condition, and occasional local peculiarities, than upon the varieties of climaté. Even in tropical climates, a large proportion of European mortality must be ascribed to the neglect of a congenial diet, and to a deficiency of self-control. Niebuhr, who saw all the companions of his travels perish around him, imputes their fate to their European mode of life. It has been thought that females suffer less from the change of climate than men; and their more regular and cautious habits may probably form an out-work.

In the epidemic cholera of India, the mortality of the European troops was greatly inferior to that of the natives: 27 $\frac{1}{2}$  out of 100 of the former, were cut off; but so overwhelming a proportion as 80 among 100 of the latter.

Humboldt has furnished some details of the rate of mortality in New Spain: the average of the whole kingdom was 1 in 30 annually. Mr. Bristed states the ave-

rage of annual deaths throughout the United States to be 1 in 40.

The influence of climate in Europe is most visible in the various fatality of the same months to different cities. The axiom of Celsius on the seasons is not at present applicable to the northern capitals. In London, the autumn now appears the most healthy; after it, in succession, the summer and winter; and least of all seems the spring. Paris and Berlin correspond nearly with London; but Montpelier, Padua, and Milan, reverse the order.

When we speak of a healthy climate, it is gratifying to reflect, that, in most instances, it is man himself who has created these climates of health. Machiavelli, in his early epoch, anticipated this great truth: he remarks, that unhealthy countries become wholesome some through the population which cultivates them.

Poverty, cold, and moisture (the two last of which are generally included in the first) are the most powerful enemies to the enjoyment of health and longevity; and affluence, on the contrary, is the strongest safeguard of the body. Epidemics are the offspring of misery, and upon the poorer classes their principal ravages are exhausted. Of an equal number of infants chosen among the poor and easy classes in France, the proportion of deaths among the former is found to be double. The mortality of women is, in some countries, and particularly in England, less than that of men, because they are more secluded from the conflict of life, and are less exposed to weather and to severe labor. In France, the mortality of the sexes is nearly the same, because the female

of humbler rank there performs a large part of the manual and out-of-door employment. The conservative tendency of an easy condition is marked by the very inferior degree of mortality and of disease which occurs among insured lives—and generally among any large societies composed of persons in the enjoyment of competence. At the Equitable Office, it was found, in 1810, that the actual deaths which had occurred among 83,000 persons insured during 30 years, were in the proportion of only 2 to 3 of what had been anticipated from the Northampton tables. The annual mortality at the Equitable from 1800 to 1821, was less than 1 in 81 annually. At the University Club it has been, during three years, only 1 in about 90 annually. The annual deaths at the Edinburgh High School and Academy, are only 1 in 833. Far different is the fate of the slave: a fifth or sixth part of the negro slaves was formerly computed to perish annually; and of 20,000 exported to Rio Janeiro in 1823, 1400 had died on the voyage—which is, nevertheless, an improved report of a slave ship.

A remarkable table has lately been published by Mr. Morgan, illustrative of the increase and decrease of diseases in this country. It comprises the diseases (certified by the medical attendant) which were fatal among 152,000 persons insured at the Equitable, from 1800 to 1821; of every age from 10 upwards. The greatest number of deaths under any head, is 262 for "natural decay and old age." This item is nearly a seventh part of all the deaths. Next follows apoplexy, 242; consumption, 153;

general fever, 146 ; dropsy, 137 ; palsy, 116 ; dropsy of the chest, 100 ; diseases of the liver, 79 ; inflammation of the bowels, 77—of the lungs, 73. Only 8 from calculous disorders. Angina pectoris yields 44 deaths ; gout, 26 ; but smallpox, measles, and scarlet fever, not one. The deaths from consumption are scarcely 1 to 12 ; whereas, in the bills of mortality, they are at present 22 per cent. ; and at the end of last century were 26 per cent. ; two facts which seem to indicate that it is less prevalent than formerly.

After enumerating so many varieties in the distribution of mortality, it remains to consider the causes which diminish it, and which have, in our own country, rendered that diminution so conspicuous.

The particular causes have been long generally admitted ; such as improvements in ventilation, and in the general economy of hospitals ; the general adoption of a more rational treatment of disease, and particularly of the antiphlogistic plan. They chiefly affect disease already formed, and promote a fortunate termination.

The general causes act on the entire mass of a nation, and operate in the prevention of disease. Among these, the increase of agricultural and commercial industry has multiplied the comforts of the lower classes, and has enabled them to procure a more spacious dwelling, more frequent changes of clothing, and food more abundant and more wholesome ;—insomuch that the average mortality and health of every nation are mainly determined by the degree in which its government has encouraged these pursuits, or has checked their free course. So

intimate a connexion subsists between political changes and the public health, that, wherever feudal distinctions have been abolished, wherever the artisan or the peasant have been released from arbitrary enactments, there also the life of these classes has acquired a new vigor ; and it is certain, that even bodily strength, and the power of enduring hardships, are divided among the nations of the earth in a proportion relative to their prosperity and civilization.

We may easily conceive the different frame of body and of mind which is likely to grow upon the unemployed inhabitant of a decayed city, who gloomily wanders, without an object, through silent streets, whose pavement is choked with grass ; and upon the active citizen, who feels himself a constituent member of a flourishing community, and who is attracted on all sides by invitations to the exercise of his faculties.

It is indisputable, that the average proportion of deaths in England and her cities is less than that of any other country in Europe. And it may be added, that the powers of body and of mind are preserved to a late period, in higher perfection here than in other countries ;—nowhere are the advances of age so slowly perceived, and nowhere so little manifested in the exterior. An analogous condition of vigor may be also observed in our animals, and in our vegetation ; and if it should be replied, that this excellence is owing to the care bestowed on their culture, the answer applies equally to the human being, on whom more attention is here lavished, and who is really

here an object of greater value than elsewhere.

If political and moral circumstances actually possess so preponderant an influence on the production of disease, and on the guidance of its fatality, it seems to be incumbent on our profession to study their progress and to profit by their results. A peculiar set of diseases appears to belong to every age; and it may almost be affirmed, that there is also a mode of treatment adapted to every age.

### III.

#### REPORTS OF CASES IN PRIVATE PRACTICE.

##### *Case in which very severe Pain followed Labor.*

THIS was a case of first child. The patient, a delicate woman, was first visited on account of severe pain in the loins, to which she had been long subject, and which was greatly aggravated a few weeks before labor. I found she was about six months pregnant, was very large for this period, the lower extremities greatly anasarcaous, and that she had never felt the motions of the fetus. The pain extended from the spinal column to the right side, on a line just above the crest of the ileum. What particularly struck this patient, was that she could not move the right foot while sitting, or even the toes, without increasing the pain in the trunk. The pain was most troublesome at night. Under the use of leeches and a blister, it gradually subsided. Pain afterwards occurred in the chest, was greatly aggravated by full inspiration, but soon yielded to remedies. About three weeks from my first visit slight hemorrhage occurred from the vagina, and in a week from this, I noticed a great subsidence of the abdomen, which I found had been remarked by the patient. The night following, labor came on. The earliest symptom was the discharge of a large quantity of liquor amnii. The breech presented. When the cord came within reach it was found not to pulsate. The labor was not slow, and the head passed with no unusual difficulty. The child was dead, and exhibited marks of having been dead some days. It was about the usual size of a seven month fetus. The cord was very soft, partially disorganized, and broke from the placenta when put gently on the stretch, in an examination to ascertain the situation of the placenta. No pains followed the birth of the child, and hemorrhage occurring, the hand was introduced into the uterus, and the afterbirth taken away. It was necessary to overcome a very firm adhesion of the placenta, which existed quite far up in the womb. This adhesion was not very extensive. The greater part was detached and hung down in the uterine cavity closely embraced by a cylindrical contraction of the uterus. Slight faintness, with dizziness, and loss of sight, came on after the labor, but it was ascertained not to arise either from existing internal or external hemorrhage. The pulse was but slightly affected. It was easily accounted for from the previous diseased state of the patient; the comparatively sudden removal of much distension; the hemorrhage which preceded the delivery of the placenta, and the distress with which the accomplishment of this was accompanied. There was perfect freedom from pain. This state continued but for a short time, and in about half an hour was succeeded by pain referred to the sacrum, and particularly to the lower part of this bone. This pain was very acute; much more so than any the patient had before experienced. It was not constant; coming on after short intervals of comparative ease: was accompanied by bearing down, but by no unusual discharge from the

womb. Under repeated doses of laudanum, and the application of the tinct. sapon. et opii warm to the sacrum, the pains became less severe, and at length ceased entirely to annoy the patient.

The circumstances of most interest in this case are, 1st, the perfect want of consciousness of the motion of the child, by the patient, through the whole of pregnancy; 2d, the excessive quantity of the waters, and the anasarca of the lower extremities; 3d, the acute pain in the back, extending into the uterine tumor; 4th, the adhesion of the placenta; 5th, the severe pain that followed the delivery of the afterbirth. In this last symptom this case bears some resemblance to one reported in the 27th No. of this Journal. It came on, however, without the previous use of ergot, and after a considerable interval of perfect ease.

With the exception of an acute attack of headache, to which the patient had been long subject, and which came on with the milk, the puerperal state has been free from disease, and the patient is now well.

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BOSTON, TUESDAY, AUG. 26, 1828.

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TRIBUTE OF RESPECT TO DR.  
HOLYOKE.

WE make no apology for presenting to our readers an account of the tribute of respect paid by the members of the profession to EDWARD AUGUSTUS HOLYOKE, M.D. &c. of Salem, on the occasion of the completion of his one hundredth year. We are not aware that the life of any distinguished physician has been prolonged to this period since the days of Hippocrates; and the tribute was the more grateful, since the life thus prolonged beyond the age of man has been remarkable in no greater degree for its length, than for the exhibition of all those qualities which

adorn the physician, the man and the christian. We select the following particulars from the accounts published in the papers of the week. The venerable Nestor of the profession displayed a degree of health and cheerfulness which cannot be called less than wonderful when connected with his extreme age. The firmness and elasticity of his step, in proceeding to and from the Coffee House, where a dinner was prepared for the occasion, though not an unfrequent subject of observation to the community, all of whom look up to him with more than the veneration due to a father, was viewed with a peculiar interest at that time. His rich and graceful dress, also,—of an ante-revolutionary fashion and texture, resembling neither in form nor color the garments of modern times, and of which an adequate conception can only be obtained by the examination of ancient portraits,—deserved and received particular notice. The suavity, ease, and high-bred politeness of the old school, displayed by the patriarch in receiving the congratulations of his brethren, and in bidding them adieu at the close of the festival, will long be borne in the minds of those who had the happiness to witness his characteristic exhibition of those qualities.

Dr. Holyoke has so long held a distinguished rank in the profession, that forty-seven years ago, when the Massachusetts Medical Society was organized, he was the first to be elected President of that important and useful institution, to which office he was annually elected for several years; and ten years ago, at the age of ninety, he succeeded the late President Adams as President of the American Academy of Arts and Sciences. The celebration was eminently a medical one, designed to show the respect felt by the profession for him who had so long and so honorably practised it. The only guests from without the profession were the Rev. Dr. Prince and Rev.

Mr. Brazer, one long an associate and friend, the other the Pastor of Dr. Holyoke. The company, consisting of about fifty physicians of Boston and Salem, were assembled at the Lafayette Hotel in Salem, when a little before two o'clock Dr. Holyoke entered, accompanied by the committee of arrangements. The gentlemen present were severally introduced to him, and soon proceeded to the dining-room, which was tastefully decorated with flowers by some young ladies, assisted by two medical students. The dinner was well ordered and sumptuous. A blessing was asked by Rev. Dr. Prince, and thanks were offered by Rev. Mr. Brazer. Dr. Jackson, President of the Mass. Med. Society, presided at the dinner, assisted by Dr. Oliver of Salem, President of the Essex District Society, as Vice President. The following are some of the toasts.

Our venerable guest;—Venerable for his age; still more so for a life devoted to the interests of humanity and sanctified by religion.

Dr. Holyoke then gave the following:

The Massachusetts Medical Society;—May it flourish and prosper, may it continue to improve the Art for which it was instituted, to the utmost of their wishes, and be the means, under Providence, of alleviating the pains and evils of life, and promoting the happiness of society, by suppressing quackery and rendering the business of the profession as perfect as the nature of things admits. And may each individual of the Society, and every other gentleman here present, enjoy health and prosperity, and the pleasing consciousness that he has contributed somewhat to the advancement and improvement of the public welfare.

This toast was handed to the President in a clear hand writing, having been written by Dr. H. himself without glasses. After it was announced

the company rose and sung a stanza to the tune of Old Hundred, in which Dr. H. also joined.

The following toasts were then given:

By Dr. Oliver, Vice President. The memory of Dr. Warren, late President of the Mass. Med. Society.

Honor to the old age which comes full of honors; to every one that hath shall be given.

The town of Salem;—Known throughout the world for its science and mercantile enterprise.

The Constitution of our country. Let it be remembered that *local excitements* are sometimes followed by *general prostration*.

Agriculture;—A full diet to our farmers, provided it excites no *complaints of the season*.

Commerce;—In professional transactions at least may an *increase of duties* be followed by an *increase of diligence and punctuality*.

Manufacturers;—May all controversies respecting *domestic origin* and *importation* be terminated without the occurrence of *malignant symptoms*.

By Dr. Fisher, late President of the Mass. Medical Society. Health and longevity to those to whose care they are principally committed.

Per centum annos vivendi gloria—*senectus jucunda, honoribus gravis, virtutibus undique ornata*.

Internal communication;—There are no roads so necessary to be kept in repair as the *prima viae*; no canals so important as the *alimentary canal*. Let him who would perform life's journey in *easy stages*, beware of *cold stages* and *hot stages*.

The years 1628, 1728, and 1828. The year of the settlement of Salem, the year of the birth of Holyoke, and the year in which he has commenced his second century.

By Dr. Welsh, of Boston. The memory of Cotton Tufts, the Octogenarian of '74, seven times elected President of the Medical Society. *Semper honoranda, semper lucubranda*.

By Dr. Treadwell, of Salem. The profession of Medicine ;—May the practice of its practitioners produce health for their patients, and for themselves a good reputation, extensive practice, and an ample fortune.

Medicine ;—The study of the ills which flesh is heir to, and the art of relieving them.

The Clerical profession—which teaches us how to bear and profit by the ills we cannot cure.

The profession of the Law—by whose efforts a state of society is rendered a state of safety.

The venerable Patriarch of American Physicians ;—One hundred years of healthful vigor afford ample proof of professional skill.

The first prescription for every sickness, and for which we may be almost willing to be sick—the skilful attentions of a kind female.

The good fellowship of the Medical profession ;—In all divisions, let it be our effort to promote an *union by the first intention*.

Intemperance ;—A disease, which if not terminated by *resolution*, will probably end in *mortification*.

By Dr. Park, of Boston. Proof positive that this is an excellent world, a man may live in it a hundred years, beloved, honored and happy.

By Dr. Brown, of Boston. The memory of Dr. Moses Little ;—Those who knew him best, had reason to esteem him most.

By Dr. Warren. The Temple of Hygeia ;—Its foundations, temperance, exercise and virtue.

By Dr. Horner, Professor of Anatomy in the University of Pennsylvania. The Medical Institution of Harvard University ;—The star in the Eastern Horizon of Medicine, distinguished by the intelligence and zeal of its Professors—may its success be commensurate with its merits.

The oldest surviving graduate of Harvard ;—Though he has long been academically among the stars, “serus in celum redeat.”

The Holy-Oak of the American

Materia Medica ; fructibus decora, sublima attollens ad sidera caput.

Dr. Thacher's Medical Biography ;—May it be long before the same justice is rendered to him, which he has rendered to our illustrious predecessors.

The County of Essex ;—Long celebrated for brilliant luminaries in the clerical, legal, and medical departments.

At five o'clock Dr. Holyoke withdrew. The company rose, and as he retired, the President said with much solemnity,

The man who has just left us ;—For all the good works of God, may his great name be praised.

After Dr. Jackson retired. The President of the Mass. Med. Society. *O! et presidum et dulce decus nostrum.*

Dr. Holyoke, jr. then gave,—  
The Boston Medical Association ;  
—“E pluribus unum.”

The festivities were concluded with, Our associates in this tribute of respect, unavoidably absent ;—May their disappointment be rewarded by the best fruits of patients.

#### PRUSSIC ACID.

THE following is the account of a professional witness of the death of the seven patients in a Parisian Hospital, which was noticed in our 26th number.

“I have opened my letter to mention a shocking catastrophe which occurred at the Bicêtre a few days ago. It was resolved to try the effect of Prussic acid in epilepsy ; in consequence of which, that medicine was ordered for fourteen individuals, in the following formula :

Decoction of Triticum, 3*iv.*  
Syrup of Prussic acid, 3*ss.*

Seven of the patients took their medicine, two refused it, and one was fortunately prevented by the accession of an epileptic fit. By this time, the first patient was in convulsions,

and, in a few minutes, *all the seven were dead.* In the syrup of M. Majendie, *five hundred parts* contain *four* only of the pure acid, and this was the preparation ordered; but, unfortunately, according to a formula in the *codex*, *nine parts* contain *one*—and this was the strength of the medicine used in this instance."

#### MONTHLY JOURNAL OF FOREIGN MEDICINE.

WE have just seen the seventh number of this work, which began with the present year. Its plan and object are sufficiently well expressed by its title. It proposes to select from foreign medical publications such portions as appear the most interesting and useful, and thus to furnish an abstract of the transatlantic additions to medical knowledge. The advantages of a summary of this sort are certainly considerable. The number of medical journals now published in England alone, is, we believe, not less than thirteen. Those which appear on the continent amount to many times that number. A large proportion of these, and among them probably many of the best, would but for a work of this kind be entirely lost to the medical community. The various languages in which they are written, with the expense and trouble which it would require to obtain them, are complete barriers to their circulation in this country. A great proportion too of the information they contain must be wholly local in its character, and can therefore possess no interest for us. Another part consists of speculations which have little practical importance; and another of notices of works of which nothing more than

the notices themselves is ever likely to be seen by us. To cull therefore from this mass of publications such portions as are practical in their character, and of universal interest, and to arrange the materials thus collected in a convenient form, is a project well deserving of encouragement; and we are happy to add that in the work before us, it seems to have been effected with very considerable success. The choice and arrangement of the extracts are creditable to the care and judgment of the editor; the execution of the work is respectable, and the price, considering the amount of matter, is very moderate. We recommend it to the notice of the medical public.

#### WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Aug. 16, at noon.

Aug. 8. James H. Smith,	10 mo.
9 Julia Gill,	4
Eliza St. Leger,	33 yrs.
10. Henry Doggett,	61
John Hanners,	22
11. William Griggs,	49
Sylvia Davis,	47
Hiram Foster,	7 mo.
Roswell Lewis,	34 yrs.
James Douglas,	22
Craston Cutler,	
12. John Barnard,	24
13. Mary Ann Ellis,	3 mo.
John Goodwin,	3 1-2 y.
Ann Cracklin,	34
Thomas Archbald,	10 w.
Simon Wright,	38 yrs.
Eliza F. Sears,	3 mo.
14. Mary Ann Ward,	12
John C. Thompson,	10 w.
15. Lucy Leavitt,	30 yrs.
Susannah Grelee,	68
James H. Carlisle,	6
Caroline E. Furness,	4 mo.
16. Elizabeth F. Loring,	37 yrs.
Childbed, 1—cholera morbus, 1—canker in the bowels, 1—consumption, 3—cholera infantum, 1—convulsions, 1—drowned, 1—dropsy, 1—dropsey in the head, 1—decline, 1—dysentery, 1—fractured head, 1—fractured thighs, 1—hooping cough, 1—inflammation in the bowels, 2—infantile, 1—sudden, 1—unknown, 4. Males, 14—females, 11. Still-born, 1. Total, 26.	

Dr. Hosmer

## ADVERTISEMENTS.

## MEDICAL INSTITUTION OF HARVARD UNIVERSITY.

THE MEDICAL LECTURES will begin on the third Wednesday in October, in the Massachusetts Medical College, Mason-street, Boston.

*Anatomy and Surgery*, by Dr. WARREN.  
*Chemistry*, by Dr. WEBSTER.

*Materia Medica*, by Dr. BIGELOW.

*Midwifery and Medical Jurisprudence*, by Dr. CHANNING.

*Theory and Practice of Physic*, by Dr. JACKSON.

The Lectures continue thirteen weeks. The Class attend the Medical and Surgical Practice of the Massachusetts General Hospital, and Dr. Jackson's Clinical Lecture on the Cases, without fees.— Separate Lectures on the Principles of Surgery are given by Dr. Warren without fees. Arrangements have been made for the study of Practical Anatomy, which will probably afford as great facilities as can be desired, and at as low a rate as at any school in the United States. The use of the Library of the Massachusetts Medical College may be obtained during the Course, by paying one dollar.

WALTER CHANNING,  
*Dean of the Faculty.*

## PRIZE DISSERTATION

## On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

"Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the effect of the use of wine and ardent spirits on the different organs and textures of the human body."

In consequence of this resolution two

dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; on or before the 15th day of April, 1829.

JOHN C. WARREN,  
ZABDIEL B. ADAMS,  
JOHN WARE, Committee.

A dissertation marked "Fons et Origo Mali," is left at Mr. Cotton's Bookstore, for the author if he should desire it.

*Editors of newspapers are respectfully requested to republish the above for the public good.*

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## MEDICAL LECTURES OF THE UNIVERSITY OF VERMONT.

THE MEDICAL LECTURES of the University of Vermont will begin as usual at Burlington on the first Wednesday in September, and be continued fourteen weeks.

*Chemistry and Natural Philosophy*, by GEORGE W. BENEDICT, A. M.

*Theory and Practice of Physic, Materia Medica, and Obstetrics*, by W. SWEETSER, M. D.

*Anatomy and Surgery*, by BENJ. LINCOLN, M. D.

Each Lecturer will enter upon his course of instruction at the beginning of the term, and continue till its close. Four Lectures will be delivered daily.

TERMS—Forty dollars for the course, and three dollars for contingent expenses.

A new and suitable medical building, in the centre of the town, with commodious lecture rooms, will be in readiness for the accommodation of the class.

## NEW-HAMPSHIRE MEDICAL LECTURES.

THE Autumnal Course of LECTURES at Hanover will commence on Thursday, the 4th day of next September, and continue fourteen weeks.

*Hanover, August, 1828.*

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.